## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
wasiiiiiqtoii,	D.C.	20349

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPR	ROVAL
	OMB Number:	3235-0287
l	Estimated average bu	ırden
l	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [ SFES.OB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Spragens Jeffrey G					.   _										X Direc				Owner		
(Last) (First) (Middle) 4400 BISCAYNE BLVD						3. Date of Earliest Transaction (Month/Day/Year) 09/22/2010									X below	•	ent and CEO		ner (specify ow)		
(Street) MIAMI FL 33137					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(City)			Zip)		-									Form filed by More than One Reporting Person							
		Tabl	e I - No	on-Deriv	ative	Se Se	curitie	es Ac	quired	d, Di	sposed o	f, or B	enefi	cial	ly Own	ed					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		Execution Date,		Transaction		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)		and Securities Beneficially Owned Following		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) or (D)	Price	)	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			09/22/2	09/22/2010			)			500	A	\$2	\$2.1 1,8		59,147		D			
Common Stock 09/22/2		2010	010			P		500	A	\$2.	.09	1,859,647		D							
Common	mmon Stock 09/23/2		2010	010			P		500	A	\$1.	\$1.99 1,860		),147	D						
Common	Stock			09/23/2	2010				P		500	A	\$1.	.98	1,860	),647	D				
Common Stock												562,818		,818	I		Held by Joy Fowler Spragens Family Trust <sup>(1)</sup>				
Common Stock														571,015			,	Held by RSLS Investments LLC <sup>(2)</sup>			
		Та	ıble II -								osed of, convertib				Owned						
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  34. Deeme Execution if any (Month/Day		on Date,	n Date, Transact Code (In:				6. Date Exercisa Expiration Date (Month/Day/Yea		te Amou Secur Under Deriva Secur		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership it (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er							

## Explanation of Responses:

1. The Joy Fowler Spragens Trust is an irrevocable trust established by Mr. Spragens' spouse for the benefit of her descendants and relatives who are unrelated to Mr. Spragens. Mr. Spragens disclaims any beneficial ownership of these shares.

2. RSLS Investments LLC is 100% owned by Mr. Spragens' adult children. Although Mr. Spragens is the manager of RSLS Investments LLC, he disclaims any beneficial ownership of these shares.

## Remarks:

<u>/s/ Jeffrey G. Spragens</u> 09/24/2010

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.